

# Human Resources

# Capstone

Participant Training Manual



STATECIVILSERVICE COMPREHENSIVE PUBLIC TRAINING PROGRAM

Revised 06/13/2018

# Icebreaker Activity Human Resources Capstone

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Applicant Name:		Interview Date:	ite:	
Interview Panel:				
Interview Question	Critical Behavior/ Skill	Applicant demonstrates this behavior? Yes (Y) or No (N)	Is this skill Trainable (T) or Non-trainable (N)?	Does this applicant require additional training? Yes (Y) or No (N)

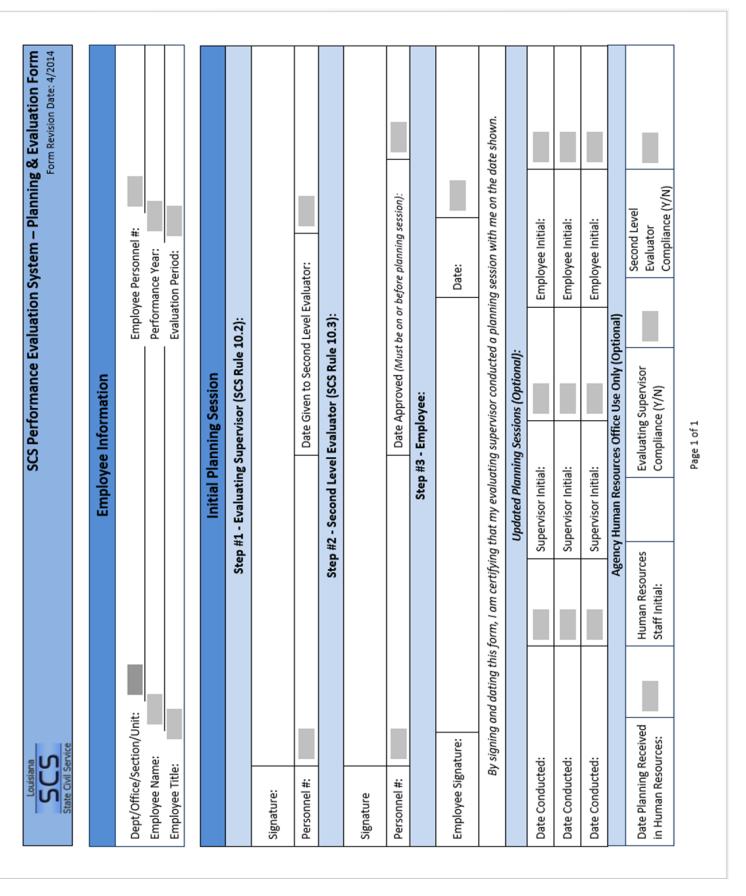
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# **Orientation and Onboarding Exercise**

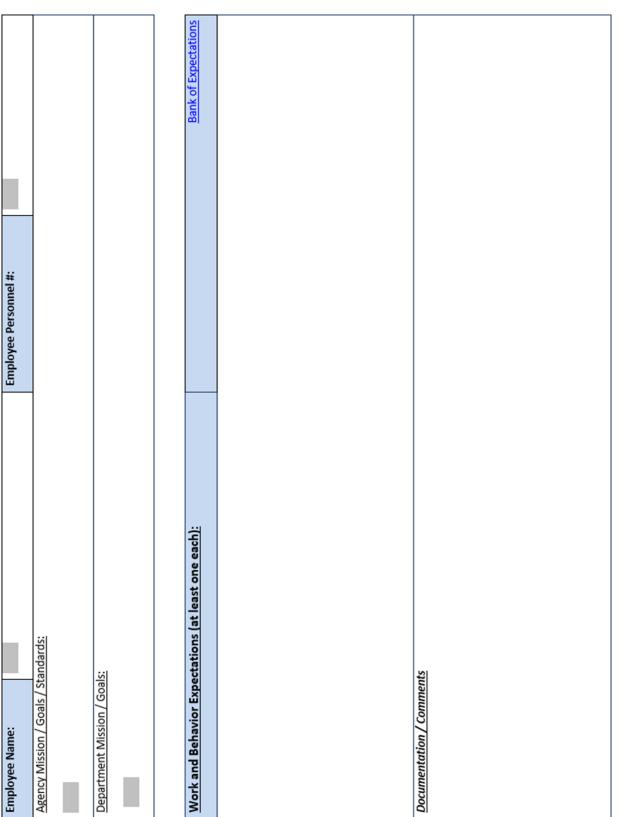
Orientation Activities	
Onboarding Activities	
Benefits of Onboarding new employees:	
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		Evaluati	Evaluation Session			
		Step #1 - Evaluating Supervisor (SCS Rule 10.2):	upervisor (SCS R	ule 10.2):		
Signature:						
Personnel #:			Date Given to Se	Date Given to Second Level Evaluator:	stor:	
		Step #2 - Second Level Evaluator (SCS Rule 10.3):	Evaluator (SCS F	lule 10.3):		
Signature:						
Personnel #:			Date Approved (	Date Approved (Must be on or before evaluation session):	re evaluation se:	ssion):
		Step #3	Step #3 - Employee:			
Employee Signature:	ü			۵	Date:	
By signi	ing and dating this	By signing and dating this form, I am certifying that my evaluating supervisor conducted an evaluation session with me on the date shown.	supervisor conduct	ted an evaluation	session with m	ne on the date shown.
Employee Stateme	ent (Only if Employe	Employee Statement (Only if Employee is NOT Signing Form for purposes of Evaluation): 🔲 I have decided not to sign this form, but I acknowledge that I received a copy of the evaluation and understand that my failure to sign will not prohibit the evaluation from becoming official for the performance year.	Evaluation]: 🔲 I ha	ave decided not to s ng official for the pe	sign this form, bu	ut I acknowledge that I received o
If employee did	not sign above, or	If employee did not sign above, or chose not to sign the form, please indicate whether the employee was given or mailed a copy of the evaluation below:	ate whether the er	nployee was give	n or mailed a	copy of the evaluation below
Mailed			Given			
Overall Evaluation: (Select only one evaluation)	tion:	Exceptional	Successful		Needs Imp	Needs Improvement/Unsuccessful
Not	Not Evaluated	Unrated - If Unrated, select sub-category:	: sub-category:	Never Rendered	d Untimely	ly Uiolation of Chapter 10
		Homelton Olympia and an annual transmit	Office Hea Only	(lonejano)		

	Agency	Agency Human Resources Office Use Only (Optional)	se Only (Optional)		
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esources:	Stall Illitial:	Compilatice (1/N	(N)	Compliance (Y/N)	

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State Civil Service	SCS Performance Evaluation System – Interim Discussion Form Form Revision Date: 1/2014
	Employee Information
Dept/Office/Section/Unit: Employee Name: Employee Title:	Employee Personnel #:  Performance Year:  Evaluation Period:

Date Conducted:  Date Conducted:  Date Conducted:  Date Conducted:  Supervisor Initia	Supervisor Initial: Supervisor Initial: Supervisor Initial:	Employee Initial:	
	Supervisor Initial: Supervisor Initial:		
	Supervisor Initial:	Employee Initial:	
		Employee Initial:	
	Supervisor Initial:	Employee Initial:	
	Supervisor Initial:	Employee Initial:	
Date Conducted: Supervisor Initii	Supervisor Initial:	Employee Initial:	
Date Conducted: Supervisor Initii	Supervisor Initial:	Employee Initial:	
Date Conducted: Supervisor Initii	Supervisor Initial:	Employee Initial:	

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# Performance Evaluation System (PES) – Agency Transfer Evaluation Form

- Applies to classified employees who were employed with a State Agency on June 30th of the performance year and transferred agencies between July 1 and September 30.
- Completion of this form will assign an evaluation of "Not Evaluated" to the affected employee.
- Employee will maintain eligibility for a performance adjustment, subject to the Appointing Authority's determination that employee's performance merited such adjustment.
- No additional PES evaluation form is required.
- Planning for the new performance year is required in accordance with SCS Rule 10.5.

Employee Name	Personnel #	Date
Employee Signature		
Evaluating Supervisor Name	Personnel #	Date
Evaluating Supervisor Signature		